

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/786623

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			•		•		•	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51	1					
2	1						52	1					
3	1						53	1					
4	1						54	1					
5	1						55	1					
6	1						56						
7	1						57						
8	1						58						
9	1						59						
10	1						60						
11	1						61						
12	1						62						
13	1						63						
14	1						64						
15	1						65						
16	1						66						
17	31						67						
18	13						68						
19	31						69						
20	13						70						
21	31						71						
22	13						72						
23	31						73						
24	13						74						
25	31						75						
26	1						76						
27	1						77						
28	1						78						
29	1						79						
30	1						80						
31	1						81						
32	1						82						
33	1						83						
34	1						84						
35	31						85						
36	13						86						
37	31						87						
38	13						88						
39	31						89						
40	13						90						
41	31						91						
42	13						92						
43	31						93						
44	1						94						
45	1						95						
46	1						96						
47	1						97						
48	1						98						
49	1						99						
50	1						100						
TOTAL IND.	6						TOTAL IND.	6					
TOTAL DEP.	49						TOTAL DEP.	49					
TOTAL CLAIMS	55						TOTAL CLAIMS	55					